

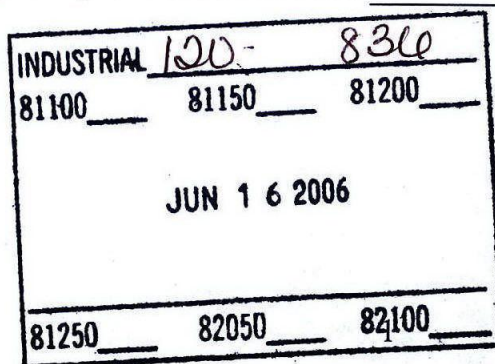
LH
11/8/04

PASSAIC VALLEY SEWERAGE COMMISSIONERS
APPLICATION FOR A SEWER USE PERMIT

32200013

SECTION A

1. Company Name: ACTAVIS TOTOWA, LLC.
2. Permit Number if applicable: NA
3. Location: 4 TAFT ROAD, TOTOWA NJ 07512
Zip Code: _____
4. Mailing Address: SAME
Zip Code: _____
5. Person to contact concerning information provided in this application:
Name of Contact Official: JOHN SABO
Title: ENVIRONMENTAL MANAGER Phone No.: 973-890-1440
Address: SAME Zip code: _____
6. Number of Employees – Full Time: 100 Part Time: 0
Number of Work Days Per Year: 300
Number of Shifts Per Day: 1
7. If property is owned indicate block and lot number(s): N/A
Assessed Value: N/A
8. If property is rented indicate name and address of owner: 4 Taft Road LLC
28 Cedarwood Terrace, West Paterson, NJ 07424
Total square feet rented: 48,000
9. List NJPDES Permit Number if applicable, NA and
Name of receiving Body of Water entered _____



SECTION B**WATER DATA**

10. Water Source: (Circle all appropriate answers)

Purchased

☒ Y - ☐ N

Well

Y - ☒ N

If Y, is it metered

Y - N

River

Y - ☒ N

If Y, is it metered

Y - N

11. Name of purchased water supplier: Borough of TotowaList all Account #'s: BLk 170.03, Lot 7, Acct 3 Acct 1 - Sanitary Acct 2 - process12. Water Received: From Mo. MAY Yr. 2005 Through Mo. APRIL Yr. 2006

(* Next to a figure means it is estimated).

Free live

	<u>PURCHASED</u>	<u>WELL</u>	<u>RIVER</u>	<u>TOTAL</u>
1 st Qtr.	105,831	-	-	105,831
2 nd Qtr.	136,222	-	-	136,222
3 rd Qtr.	102,631	-	-	102,631
4 th Qtr.	102,462	-	-	102,462

GRAND TOTAL 447,146

Report in gallons

13. Water Use and Disposition (*Next to a figure means it is estimated).

	Gallons Sanitary/Combined Sewer	Discharged Stormwater/River/ Ditch	Gallons Used Other
Sanitary service only	365,660		
Process waste waster	77,411		
Cooling water			
Evaporation			4,075
Contained in the product			
Other (describe)			

GRAND TOTAL 447,146 galsWater use & calculations from MR-2 data submitted to PVSC as Amide Pharmaceutical

SECTION B (continued)

14. Process wastewater which is discharged as above is metered as follows:

To the Separate Sanitary Sewer	<input checked="" type="radio"/> - N
To the Combined Sewer	Y - <input checked="" type="radio"/>
To the Storm Sewer	Y - <input checked="" type="radio"/>
River or Ditch	Y - <input checked="" type="radio"/>

15. Waste hauler information: List all firms and/or independent contractors used to remove process waste or sludge from this facility

Contractor	Address	Icc #	Waste type handled
SDS, Inc.	Mountain Lakes, NJ		Laboratory Waste
			Floor Sweepings

SECTION C**OPERATIONAL CHARACTERISTICS**

16. Discharge of Industrial Waste is continuous _____
or intermittent XXX each operating day.

If the discharge is intermittent, it occurs between the following hours: 7:30 – 4:30

17. Brief description of Manufacturing or other activity performed: Actavis produces
Generic drugs. Operations include material handling, formulation, mixing, lab analysis,
packaging, QA/QC, etc.

List SIC CODE #: 2834

18. Principal Raw Materials used: Guafenasine, Ferrous Fumurate, Cyclandelate,
Phenylpropanolamine, Clorzoxazone, Acetominophen, Lactose, Sucrose

19. Principal Products or Services: Various Generic drugs

20. Describe seasonal variations, if significant, giving dates, volumes, rates, hours, etc.

Include variations in product lines which affect waste characteristics: Variations in
product lines are dictated by market demands & may affect wastewater volume

Does this facility shutdown for vacation(s)? NO If so, is it basically the same time
 each year. _____ Provide dates usually shutdown _____

SECTION D

MONITORING

21. Describe any pretreatment process or effluent monitoring system in use:

Outlet 1 N/A

Outlet 2 N/A Sanitary only

Outlet _____

22. Sampling information:

<u>Outlet</u>	<u>Contains Industrial Waste</u>	<u>Sampler Type</u>	<u>Refrigerated</u>
1	Yes	Samples obtained from daily collection of	After collection
		all process wastewater in collection tank	
2	No	N/A	

SECTION D (continued)

23. Volume Information:

<u>Outlet</u>	<u>Daily Flow (Gallons)</u>	<u>Metered (Y - N)</u>	<u>Type</u>	<u>Date</u>
1	258		separate incoming meter	
2	1,219		separate incoming meter	

24. Frequency of calibration of each flow meter: NA

25. Attach plot plan of the property showing:

- (a) all existing or proposed sewer and drain lines (including outlets to a storm sewer, river or ditch);
- (b) sample point(s); Monitoring or Pretreatment Equipment; Incoming meter(s); Well meter(s); Internal meter (s); Flowmeter(s).
- (c) details of the connection(s) to the municipal (or PVSC) sewer, including the distance and direction of each connection from the nearest street intersection.

SECTION E**ANALYSIS OF INDUSTRIAL WASTE TO BE PROVIDED AFTER START UP**

26. Analysis for Industrial Waste must be a proper sample taken for each outlet.

OUTLET NO. 1

Report to the nearest unit: XX. Except where indicated with (1) Example: 15 mg/l			Report to the nearest hundredth: 0.XX Except where indicated Example: 0.36 mg/l		
<u>Code</u>	<u>Parameter</u>	<u>Value</u>	<u>Code</u>	<u>Parameter</u>	<u>Value</u>
0200*	Radioactivity (PL-1)		1097*	Antimony (Sb)	
0500	Total Solids		1002*	Arsenic (As)	
0505	Volatile Solids		1022*	Boron (B)	
0530	Total Suspended Solids		1027	Cadmium (Cd)	
0540	Volatile Suspended Solids		1034*	Chromium Total (Cr)	
0555	(1)(3) Petroleum Hydrocarbons		1042	Copper (Cu)	
0310	Biochemical Oxygen Demand (BOD)		1045*	Iron (Fe)	
			1051	Lead (Pb)	
0340	Chemical Oxygen Demand (COD)		0720*(3)	Cyanide (Cn)	
			1900	Mercury (Report to 0.XXX)	
0680	Total Organic Carbon (TOC)		1067	Nickel (Ni)	
			1147*	Selenium (Se)	
9000	pH(standard unit range)		1077*	Silver (Ag)	
0610	(1) Ammonia as N		1102*	Tin (Sn)	
0550	(1)(3) Total Oil & Grease		1092	Zinc (Zn)	
0745*	(1) Sulfide		2730	Phenol	
0507*	(1) Ortho Phosphates as P		4053*	Pesticides (Report to 0.XXX)	
0625*	(1) Kjeldahl N as N				
9998*	(2)(3) TTO (Report to 0.XXX)		9999*(3)	TTVO (Report to 0.XXX)	

FOOTNOTES:

- (1) Report results to the nearest tenth, i.e., 1.6 mg/l.
(*) Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted.
- (2) See instructions.
- (3) Grab sample required

Rev: 1/87
8/89
7/90
9/94
8/95
11/95
07/98

SECTION E (continued)

Samples collected by: _____

_____ Date: _____

Sample analyzed by: _____ Date: _____

Products being manufactured when sample was collected: Generic Drugs27. Who performs the analyses of the samples for User Charge? _____
Integrated Analytical Laboratories28. Is the Laboratory certified by NJDEP to conduct all the analyses? Y - N Yes29. Who performs the analyses of the samples for the Pretreatment Parameters?
Integrated Analytical LaboratoriesIf monitoring has not commenced for Pretreatment, indicate Laboratory you plan to use. If unknown, so state:

30. Is the Laboratory certified by NJDEP to conduct all the required Pretreatment analyses?

Y - N Yes

31. Based upon knowledge of materials and processes used at this facility check the appropriate box that best describes the potential that a Priority Pollutant, listed on Tables 1,2 & 3 is present in your discharge.

SECTION F**PRETREATMENT**

32. Industrial Category: 40 CFR 439 – Pharmaceutical Manufacturing
 Subpart (s): D: Mixing, Compounding & Formulation Operations
33. Compliance date(s): 10/27/86 & 9/21/01
34. Is facility in compliance? Yes If not, and if compliance date has passed,
 explain actions being taken to get into compliance: _____

35. Date Baseline Monitoring Report (BMR) submitted to PVSC: 4/19/05
36. Compliance schedule submitted: NA
 If yes is facility on schedule? _____ Explain if compliance date will not be met:

37. Does this facility come under the Resource Conservation and Recovery Act (RCRA)?
 If yes, describe Yes – dispose of laboratory waste
38. Does this facility have a Spill Prevention Control and Countermeasures (SPCC) plan?
 If yes, describe No
39. Has NJDEP or EPA ever cited this facility for a violation of State or Federal
 Regulations for the nature of its wastewater discharge? Y - N No
40. Is this facility under an ISRA Clean up? No If so, has a plan been approved by
 NJDEP: _____
 Is there any plan to discharge groundwater?

NA

CERTIFICATION*:

The information contained in this application is familiar to me and, to the best of my knowledge and belief, such information is true, complete and accurate.

If the applicant is a corporation, a corporate resolution is attached granting me the authority to sign the application on behalf of the corporation.

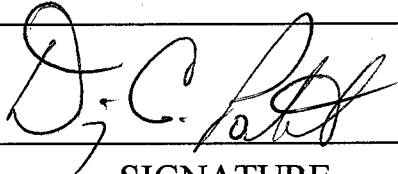
Name of signing official: Divya Patel

Print Name

TITLE: Partner, Actavis Totowa, LLC

6/13/2006

DATE



SIGNATURE

***APPLICATION MUST BE SIGNED BY ONE OF THE FOLLOWING:**

- a. Principal Officer of Corporation
- b. President or Owner of Company
- c. General Partner if a Partnership
- d. Plant Manager or Authorized Representative

TABLE 1 EPA PRIORITY POLLUTANTS**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
Acenaphthene			v		2,4 dimethylphenol			v	
acrolein			v		2,4 dinitrotoluene			v	
acrylonitrile			v		2,6 dinitrotoluene			v	
benzene			v		1,2 diphenylhydrazine			v	
benzidine			v		ethylbenzene			v	
carbon tetrachloride (tetrachloromethane)			X		fluoranthene			v	
chlorobenzene			v		4-chlorophenyl phenyl ether			v	
1,2,4-trichlorobenzene			v		4-bromophenyl phenyl ether			v	
hexachlorobenzene			v		bis(2-chloroisopropyl) ether			v	
1,2 dichloroethane			v		bis(2-chloroethoxy) methane			v	
1,1,1 trichloroethane			v		methylene chloride(dichloromethane)			X	
hexachloroethane			v		methyl chloride (chloromethane)			X	
1,1,dichloroethane			v		methyl bromide (bromomethane)			X	
1,1,2 trichloroethane			v		bromoform(tribromomethane)			v	
1,1,2,2 tetrachloroethane			v		dichlorobromomethane			v	
chlorethane			v		trichlorofluoromethane			v	
bis(chloromethyl) ether			v		dichlorodifluoromethane			v	
Bis(2 chloroethyl) ether			v		chlorodibromomethane			v	
2-chloroethyl vinyl ether mixed			v		hexachlorobutadiene			v	
2-chloronaphthalene			v		hexachlorocyclopentadiene			v	
2,4,6, trichlorophenol			v		isophorone			v	
parachlorometa cresol			v		naphthalene			v	
Chloroform (trichloromethane)			v		nitrobenzene			v	
2 chlorophenol			v		2-nitrophenol			v	
1,2, dichlorobenzene			v		4-nitrophenol			v	
1,3, dichlorobenzene			v		2,4-dinitrophenol			v	
1,4, dichlorobenzene			v		4,6 dinitro-o cresol			v	
3,3, dichlorobenzidine			v		N-nitrosodimethylamine			v	
1,1,dichloroethylene			v		N-nitrosodiphenylamine			v	
1,2 trans-dichloroethylene			v		N-nitrosodi-n-propylamine			v	
2,4,dichlorophenol			v		pentachlorophenol			v	
1,2, dichloropropane			v		phenol			v	
1,3, dichloropropylene			v						
(1,3 dichlor propene)			v						

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

TABLE 1 EPA PRIORITY POLLUTANTS (continued)**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
bis(2-ethylhexyl) phthalate			<input checked="" type="checkbox"/>		Endrin			<input checked="" type="checkbox"/>	
butylbenzylphthalate			<input checked="" type="checkbox"/>		Endrin aldehyde			<input checked="" type="checkbox"/>	
di-n-butylphthalate			<input checked="" type="checkbox"/>		Heptachlor			<input checked="" type="checkbox"/>	
di-n-octylphthalate			<input checked="" type="checkbox"/>		Heptachlor (epoxide)			<input checked="" type="checkbox"/>	
diethylphthalate			<input checked="" type="checkbox"/>		BHC Alpha			<input checked="" type="checkbox"/>	
dimethylphthalate			<input checked="" type="checkbox"/>		BHC Beta			<input checked="" type="checkbox"/>	
benzo(a)anthracene			<input checked="" type="checkbox"/>		BHC Gamma			<input checked="" type="checkbox"/>	
benzo(a)pyrene			<input checked="" type="checkbox"/>		BHC Delta			<input checked="" type="checkbox"/>	
3,4 benzo(a)fluoranthene			<input checked="" type="checkbox"/>		PCB1242			<input checked="" type="checkbox"/>	
benzo(k) fluoranthene			<input checked="" type="checkbox"/>		PCB1254			<input checked="" type="checkbox"/>	
chrysene			<input checked="" type="checkbox"/>		PCB1221			<input checked="" type="checkbox"/>	
acenaphthylene			<input checked="" type="checkbox"/>		PCB1232			<input checked="" type="checkbox"/>	
anthracene			<input checked="" type="checkbox"/>		PCB1248			<input checked="" type="checkbox"/>	
benzo(ghi)perylene			<input checked="" type="checkbox"/>		PCB1260			<input checked="" type="checkbox"/>	
fluorene			<input checked="" type="checkbox"/>		PCB1016			<input checked="" type="checkbox"/>	
phenanthrene			<input checked="" type="checkbox"/>		toxaphene			<input checked="" type="checkbox"/>	
dibenzo (a,h) anthracene			<input checked="" type="checkbox"/>		antimony (total)			<input checked="" type="checkbox"/>	
indeno (1,2,3-c,d) pyrene			<input checked="" type="checkbox"/>		arsenic (total)			<input checked="" type="checkbox"/>	
pyrene			<input checked="" type="checkbox"/>		asbestos (fibrous)			<input checked="" type="checkbox"/>	
tetrachloroethylene			<input checked="" type="checkbox"/>		beryllium (total)			<input checked="" type="checkbox"/>	
toluene			<input checked="" type="checkbox"/>		cadmium (total)			<input checked="" type="checkbox"/>	
trichloroethylene			<input checked="" type="checkbox"/>		chromium (total)			<input checked="" type="checkbox"/>	
vinyl chloride			<input checked="" type="checkbox"/>		copper (total)	<input checked="" type="checkbox"/>			
aldrin			<input checked="" type="checkbox"/>		cyanide (total)			<input checked="" type="checkbox"/>	
dieldrin			<input checked="" type="checkbox"/>		lead (total)	<input checked="" type="checkbox"/>			
chlordane			<input checked="" type="checkbox"/>		mercury (total)			<input checked="" type="checkbox"/>	
4,4 DDT			<input checked="" type="checkbox"/>		nickel (total)			<input checked="" type="checkbox"/>	
4,4, DDE			<input checked="" type="checkbox"/>		selenium (total)			<input checked="" type="checkbox"/>	
4,4, DDD			<input checked="" type="checkbox"/>		silver (total)			<input checked="" type="checkbox"/>	
endosulfan 1			<input checked="" type="checkbox"/>		thallium (total)			<input checked="" type="checkbox"/>	
endosulfan 11			<input checked="" type="checkbox"/>		zinc (total)	<input checked="" type="checkbox"/>			
endosulfan sulfate			<input checked="" type="checkbox"/>		2,3,7,8, tetrachlorodibenzo			<input checked="" type="checkbox"/>	
					p-dioxin			<input checked="" type="checkbox"/>	

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

TABLE 2 NJDEP EXPANDED PRIORITY POLLUTANTS**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acrylamide			<input checked="" type="checkbox"/>		n,n-dimethyl aniline			<input checked="" type="checkbox"/>	
amitrole			<input checked="" type="checkbox"/>		3,3-dimethyl benzidine			<input checked="" type="checkbox"/>	
amyl alcohols			<input checked="" type="checkbox"/>		1,1-dimethylhydrazine			<input checked="" type="checkbox"/>	
aniline hydrochloride			<input checked="" type="checkbox"/>		dioxane			<input checked="" type="checkbox"/>	
anisole			<input checked="" type="checkbox"/>		diphenylamine			<input checked="" type="checkbox"/>	
auramine			<input checked="" type="checkbox"/>		ethylenimine			<input checked="" type="checkbox"/>	
benzotrichloride			<input checked="" type="checkbox"/>		hydrazine			<input checked="" type="checkbox"/>	
benzylamine			<input checked="" type="checkbox"/>		4,4-methylene bis			<input checked="" type="checkbox"/>	
			<input checked="" type="checkbox"/>		(2-chloraniline)			<input checked="" type="checkbox"/>	
o-chloroaniline			<input checked="" type="checkbox"/>		4,4-methylenedianiline			<input checked="" type="checkbox"/>	
m-chloroaniline			<input checked="" type="checkbox"/>		methyl isobutyl ketone			<input checked="" type="checkbox"/>	
p-chloraniline			<input checked="" type="checkbox"/>		alpha-naphthylamine			<input checked="" type="checkbox"/>	
1-chloro-2-nitrobenzene			<input checked="" type="checkbox"/>		beta-naphthylamine			<input checked="" type="checkbox"/>	
1-chloro-4-nitrobenzene			<input checked="" type="checkbox"/>		n-methylaniline			<input checked="" type="checkbox"/>	
chloroprene			<input checked="" type="checkbox"/>		1,2- phenylenediamine			<input checked="" type="checkbox"/>	
chrysoidine			<input checked="" type="checkbox"/>		1,3- phenylenediamine			<input checked="" type="checkbox"/>	
cumene			<input checked="" type="checkbox"/>		1,4-phenylenediamine			<input checked="" type="checkbox"/>	
2,3-dichloroaniline			<input checked="" type="checkbox"/>		sudan 1 (solvent yellow 14)			<input checked="" type="checkbox"/>	
2,4-dichloroaniline			<input checked="" type="checkbox"/>		thiourea			<input checked="" type="checkbox"/>	
2,5-dichloroaniline			<input checked="" type="checkbox"/>		toluene sulfonic acids			<input checked="" type="checkbox"/>	
3,4-dichloroaniline			<input checked="" type="checkbox"/>		toluidines			<input checked="" type="checkbox"/>	
3,5-dichloroaniline			<input checked="" type="checkbox"/>		xylidines			<input checked="" type="checkbox"/>	
1,3-dichloropropene			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	
1,3-dimethoxybenzidine			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

TABLE 3 EPA HAZARDOUS SUBSTANCES**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acetaldehyde			v		Isopropanolamine			v	
allyl alcohol			v		Kelthane			v	
allyl chloride			v		Kepone			v	
amyl acetate			v		Malathion			v	
aniline			v		Mercaptodimethur			v	
benzonitrile			v		Methoxychlor			v	
benzyl chloride			v		methyl mercaptan			v	
butyl acetate			v		methyl methacrylate			v	
butylamine			v		methly parathion			v	
captan			v		Mevinphos			v	
carbaryl			v		Mexacarbate			v	
carbofuran			v		Monoethylamine			v	
carbon disulfide			v		Monomethylamine			v	
chlorpyrifos			v		Naled			v	
coumaphos			v		napthenic acid			v	
cresol			v		Nitrotoluene			v	
crotonaldehyde			v		Parathion			v	
cyclohexane			X		Phenolsulfanate			X	
2,4-D (2,4-dichlorophenoxy)			v		Phosgene			v	
acetic acid			v		Propagrite			v	
diazinon			v		propylene oxide			v	
dicamba			v		Pyrethrins			v	
dichlobenil			v		Quinoline			v	
dichlone			v		Resorcinol			v	
2,2-dichloropropionic acid			v		Strontium			v	
dichlorvos			v		Strychnine			v	
diethylamine			v		Stryrene			v	
dimethylamine			v		2,4,5-T (2,4,5-trichloro- phenoxy acetic acid)			v	
								v	
dinitrobenzene			v		TDE (tetrachloro- Diphenylethane)			v	
								v	
diquat			v		2,4,5-TP 2(2,4,5- Trichlorophenoxy			v	
								v	
disulfoton			v		Trichlorofon			v	
diuron			v		Triethylamine			v	
epichlorohydrin			v		Trimethylamine			v	
					propanoic acid			v	

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

TABLE 3 EPA HAZARDOUS SUBSTANCES (continued)**CHECK APPROPRIATE BOX**

<u>NAME</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
ethanolamine			<input checked="" type="checkbox"/>		uranium			<input checked="" type="checkbox"/>	
ethion			<input checked="" type="checkbox"/>		vanadium			<input checked="" type="checkbox"/>	
ethylene diamine			<input checked="" type="checkbox"/>		vinyl acetate			<input checked="" type="checkbox"/>	
ethylene dibromide			<input checked="" type="checkbox"/>		xylene			<input checked="" type="checkbox"/>	
formaldehyde			<input checked="" type="checkbox"/>		xlenol			<input checked="" type="checkbox"/>	
furfural			<input checked="" type="checkbox"/>		zirconium			<input checked="" type="checkbox"/>	
guthion			<input checked="" type="checkbox"/>						
isoprene			<input checked="" type="checkbox"/>						

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

SUPPLEMENTAL SEWER USE APPLICATION QUESTIONNAIRE

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name and address of the applicant and all individuals and entities owning 10% or more of the applicant. This will assist the PVSC by providing necessary information for service of notices, bills and other documents upon the applicant, for service of process as well as the individual to be contacted in the event of an emergency.

BY SIGNING THIS APPLICATION THE APPLICANT IS ACKNOWLEDGING ITS CONTINUING OBLIGATION TO UPDATE THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE. SPECIFICALLY THE APPLICANT UNDERSTANDS THAT IT SHALL NOTIFY THE PVSC WITHIN THIRTY (30) DAYS OF ITS ENTERING INTO A CONTRACT OR AGREEMENT TO TRANSFER ITS CAPITAL STOCK AND/OR 50% OR MORE OF ITS ASSETS. THE APPLICANT SHALL LIKEWISE INFORM THE PVSC, ON A CONTINUING BASIS, OF ALL INDIVIDUALS OR ENTITIES OWNING 10% OR MORE OF THE CAPITAL STOCK OR ASSETS OF THE CORPORATION AND ANY INDIVIDUAL OR ENTITY ENTITLED TO RECEIVE MORE THAN 10% OF THE NET PROFITS OF THE APPLICANT.

FAILURE TO NOTIFY THE PVSC OF ANY CHANGES IN THE CORPORATE STRUCTURE, OWNERSHIP OR PLANNED TRANSFER OF OWNERSHIP WITHIN 15 DAYS OF ITS OCCURRENCE SHALL BE DEEMED A VIOLATION OF THE SEWER USE PERMIT, THE RULES AND REGULATIONS OF THE PVSC AND N.J.S.A. 58:14-1 et. seq.

SECTION ONE

(To be completed by all applicants)

NAME OF APPLICANT: State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement, trust or other official document which establishes the name of the applicant (if no such document exists, state the name the business uses):

ACTAVIS TOTOWA, LLC

Name of Applicant

TRADE NAME: Identify all trade names, names under which the applicant will be doing or soliciting business and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

NA

Trade Name/Fictitious Name

BUSINESS ORGANIZATION: Please check the appropriate box:

- | | |
|--|---|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Non-Profit Corporation |
| <input type="checkbox"/> Corporation | <input checked="" type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other (describe) | |

EMERGENCY CONTACT PERSON: In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name: Manoj Patel

Street Address: 101 East Main Street

City, State & Zip Code: Little Falls, NJ 07424

Business Telephone: 973-890-1440

Emergency Telephone: 919-319-8696

PAST NAMES OF APPLICANT. List **all** names under which the applicant has done business or held itself out to the public as doing business in the past. Include names of division, and "trading as," "doing business as," fictitious, or informal name.

<u>Name</u>	<u>From (Year)</u>	<u>To (Year)</u>
AMIDE PHARMACEUTICAL, INC	2001	2006
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANT'S FORMER FACILITIES IN NEW JERSEY. List all locations, including office, in the State of New Jersey at which the applicant formerly operated any aspect of its business, and any location at which such a business was owned or operated by any predecessor of the applicant, or by any owner, partner, director, officer, key employee or stockholder holding 10% or more of the applicant's equity.

<u>Address</u>	<u>Type of Facility</u>	<u>From To (years)</u>	<u>NJDEP regis. No. and or USEPA I.D.</u>
NA	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPLICANT'S FACILITIES IN OTHER JURISDICTIONS. List all locations in any state, including offices, districts or territory of the United States other than New Jersey, or in any foreign country, at which the applicant is currently operating any aspect of its business.

<u>Address</u>	<u>Telephone</u>	<u>Type of facility</u>	<u>USEPA I.D. and/or any permits (nos. and name of issuing agency)</u>
NA			

SECTION TWO

(To be completed only by Corporations and Limited Liability Companies)

REGISTERED AGENT: Identify the name and address of the Corporation's Registered Agent:

Name:

Company Name: United Corporate Services, Inc.

Street Address: 874 Walker Road, Suite C

City, State & Zip Code: Dover, Delaware 19904

Telephone: (800) 899-8648

DATE AND PLACE OF INCORPORATION/FORMATION: Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:

State/Country: Delaware

Date: 5/15/2006

Certificate of Incorporation No.: SRV 060455954 - 3606698

Copy of certificate of incorporation attached? ☒ Yes ☐ No

DATE AUTHORIZED IN NEW JERSEY: If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date: 5/15/06

OFFICERS. List the following information as to each Officer of the corporation. Use additional copies of this section as necessary. **MEMBERS OF THE LLC ARE:**

Name: Divya Patel **Telephone:** (973) 890-1440

Business address: 101 East Main Street, Little Falls, NJ 07424

<u>Office held</u>	<u>Date took office</u>	<u>Date of birth</u>
Member	2006	12/21/1965
_____	_____	_____

Name: Douglas Boothe **Telephone:** (973) 890-1440
(area code)

Business address: 101 East Main Street, Little Falls, NJ 07424

<u>Office held</u>	<u>Date took office</u>	<u>Date of birth</u>
Member	2006	
_____	_____	_____

DIRECTORS. List the following information as to each Director of the corporation. Use additional copies of this section as necessary.

Name: NA **Telephone:** _____
(area code)

Business address:

<u>Office held</u>	<u>Date took office</u>	<u>Date of birth</u>
_____	_____	_____

OFFICERS. List the following information as to each Officer of the corporation. **Use additional copies of this section as necessary. MEMBERS OF THE LLC ARE:**

Name: Sigurdur Oli Olafsson

Telephone: (973) 890-1440

Business address: 101 East Main Street, Little Falls, NJ 07424

<u>Office</u> <u>held</u>	<u>Date took</u> <u>office</u>	<u>Date of</u> <u>birth</u>
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Member	2006	
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_____	_____	_____
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Name: John LaRocca

Telephone: (973) 890-1440
(area code)

Business address: 101 East Main Street, Little Falls, NJ 07424

<u>Office</u> <u>held</u>	<u>Date took</u> <u>office</u>	<u>Date of</u> <u>birth</u>
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_____	_____	_____
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DIRECTORS. List the following information as to each Director of the corporation. **Use additional copies of this section as necessary.**

NA

Name: _____

Telephone: _____
(area code)

Business address:

<u>Office</u> <u>held</u>	<u>Date took</u> <u>office</u>	<u>Date of</u> <u>birth</u>
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_____	_____	_____
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OFFICERS. List the following information as to each Officer of the corporation. Use additional copies of this section as necessary. **MEMBERS OF THE LLC ARE:**

Name: Kevin Bain

Telephone: (973) 890-1440

Business address: 101 East Main Street, Little Falls, NJ 07424

Office
held

Date took
office

Date of
birth

Member

2006

Name: _____

Telephone: _____

(area code)

Business address: _____

Office
held

Date took
office

Date of
birth

DIRECTORS. List the following information as to each Director of the corporation. Use additional copies of this section as necessary.

NA

Name: _____

Telephone: _____

(area code)

Business address: _____

Office
held

Date took
office

Date of
birth

FORMER OFFICERS AND DIRECTORS: List the following information as to each person who was an Officer or Director of the corporation at any time during the last 10 years and is not listed in the responses above. **Use additional copies of this section, as necessary.**

Name and last known address NA

<u>Position held</u>	<u>From</u>	<u>To</u> (month/year)	<u>Date of birth</u>
_____	_____	_____	_____

SECTION THREE NA

(To be completed only by Corporations and Limited Liability Companies)

List all persons and/or entities holding a 10% or greater ownership, equity, beneficial or other interest in the Applicant along with the addresses and telephone #. **Use additional copies of this section as necessary.**

Name:

Street Address:

City, State & Zip Code:

Bus.Phone

Name:

Street Address:

City, State & Zip Code:

Bus.Phone

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

SECTION FOUR NA

(To be completed only by Partnerships or Joint Ventures)

Provide a copy of the partnership or joint venture agreement of applicant.

Copy attached? ☐ Yes ☐ No

TYPE OF ASSOCIATION: Check One

☐ General Partnership ☐ Limited Partnership ☐ Joint Venture

GENERAL PARTNERS OR JOINT VENTURERS. List the following information as to each partner or joint venturer. Use additional copies of this section, as necessary. If a limited partnership, list limited partners separately under the heading "limited partners."

Name:

Street Address:

City, State & Zip Code:

Telephone: _____

Name:

Street Address:

City, State & Zip Code:

Telephone: _____

LIMITED PARTNERS. List the following information as to each limited. Use additional copies of this section as necessary.

Name:

Street Address:

City, State & Zip Code:

Telephone: _____

Name:

Street Address:

City, State & Zip Code:

Telephone: _____

FORMER PARTNERS/JOINT VENTURERS. List the following information as to all prior partners (general and limited) and joint venturers of the applicant during the past 10 years that are not listed above. Use additional copies of this section as necessary.

Name:

Street Address:

City, State & Zip Code:

Telephone:

Dates during which individual was a partner: _____

Name:

Street Address:

City, State & Zip Code:

Telephone: _____ Telephone _____

Dates during which individual was a partner: _____

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

SECTION FIVE

(This section to be completed only if the business concern is organized in a form **other than** a sole proprietorship, corporation, partnership or joint venture—such as a trust or association)

FORM OF BUSINESS ORGANIZATION: Describe how the business entity is organized and under what legal authority it was established.

Type (trust, trade association; estate; etc.)

Copy attached? ☐ Yes ☐ No

OWNERS, OFFICERS, TRUSTEES, CONTROLLING PARTIES, ETC. List the following information as to each person who owns, controls or is an officer or trustee of the Applicant. If any owner, officer, trustee, or controlling party listed below shall be a corporation, limited liability corporation, or partnership (general or limited liability), the Applicant shall supply the information requested in Sections Two, Three and Four as applicable. **Use additional copies of this section as necessary.**

Name:

Street Address:

City, State & Zip Code:

Telephone:

Name:

Street Address:

City, State & Zip Code:

Telephone:

SECTION SIX

CIVIL VIOLATIONS HISTORY

(To be completed by all applicants)

The following questions concern civil violations of environmental protection laws and regulations. In this section, the term "you" refers to the applicant identified in SECTION I, and to any of the following:

- a. Any predecessor firm, or any previous name under which the applicant operated.
- b. Subsidiaries: Any business in which the applicant holds 25% of equity or debt liability.
- c. Sister companies: Any business in which the applicant's parent company holds more than 10% of the equity or debt liability.
- d. Any corporation of which the Applicant is a subsidiary.
- e. Any Officer, Director, Partner, or Joint Venturer of the applicant, and any business concern owned or controlled by any such individual.

Provide a response in each section. Each item pertains to all of the entities and individuals listed above. If an answer is None or the item is not applicable, write "None" or "N/A". A question left unanswered will not be presumed "Not applicable" or "None" - THE FORM WILL BE DEEMED INCOMPLETE.

As used below, the term "law or regulation pertaining to protection of the environment" includes laws and regulations relating to the discharge, treatment, storage, processing, recycling or disposal of industrial waste or hazardous waste and any others relating to water and air pollution, discharge of hazardous substances and treatment of hazardous materials. It includes regulations of the Passaic Valley Sewerage Commissioners ("PVSC"), N.J. DEP, the U.S. EPA, the N.J. DOT, and the U.S. Department of Transportation.

A. NEW JERSEY VIOLATIONS NOTICES. List and explain all Summonses, Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, settlements, Judicial or Administrative Consent Orders, or Notices of Intent to Deny or Revoke any license or permit, or similar notices, issued to you within the past 10 years by the PVSC, New Jersey Department of Environmental Protection (DEP) or United States Environmental Protection Agency. **Attach additional sheets if necessary.**

Name of entity cited: Amide Pharmaceuticals

Date 5/25/06
Issued: _____

Address of alleged violation: 4 Taft Road, Totowa, NJ

Alleged violation: Mercury exceedence in wastewater

Type of notice: NOV

Disposition & explanation:

Letter of explanation written to PVSC. Hg thermometers removed. Paid \$1000.00 fine

Name of issuing agency: PVSC

Docket No.: _____

B. FEDERAL VIOLATION NOTICES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, or similar notices issued to you within the past 10 years by the U.S. Environmental Protection Agency or U.S. Department of Transportation for any alleged violation of any federal law or regulation pertaining to protection of the environment. **Use additional copies of this section as necessary.**

Name of entity cited: N/A

Date Issued: _____

Address of alleged violation: _____

Alleged violation: _____

Type of notice: _____

Disposition & explanation: _____

Name of issuing agency: _____

Docket no.: _____

C. NEW JERSEY MUNICIPALITIES AND COUNTIES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summonses, civil Complaints, Citations of any kind, and Notices of intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any municipality or county in the State of New Jersey, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. **Use additional copies of this section as necessary.**

Name of entity cited: N/A Date Issued: _____

Address of alleged violation: _____

Alleged violation: _____ Type of notice: _____

Disposition & explanation: _____

Name of issuing agency: _____ Docket no.: _____

D. OTHER STATES AND FOREIGN COUNTRIES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summons, Civil Complaints, Citations of any kind, and Notices of Intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any state other than the State of New Jersey or by any foreign country, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. **Use additional copies of this section as necessary.**

Name of entity cited: N/A Date Issued: _____

Address of alleged violation: _____

Alleged violation: _____ Type of notice: _____

Disposition & explanation: _____

Name of issuing agency: _____ Docket no.: _____

SECTION SEVEN**OTHER CIVIL COURT JUDGMENTS AND PENDING LITIGATION**

(To be completed by all applicants)

A. OTHER JUDGMENTS. List and explain all judgments of liability in excess of \$25,000 rendered against the applicant in the past 10 years, starting with the most recent. **Use additional copies of this section as necessary.**

Title of case: N/A **Docket No.:** _____

Name & location of court: _____ **Date judgment entered:** _____

Nature of suit: _____ **Amt./terms of judgment:** _____

B. PENDING SUITS. List and explain all civil suits in which the applicant is presently involved as a party plaintiff or defendant. Include matters involving resolution before arbitration boards. **Use additional copies of this section as necessary.**

Title of case: _____ **Docket No.:** _____

Name & location of court: _____ **Date Filed:** _____

Nature of suit: _____ **Status:** _____

SECTION EIGHT**CRIMINAL CHARGES AND CONVICTIONS** **N/A**

(To be completed by all applicants)

List all indictments, accusations, summonses, complaints, and information against the applicant for any crime, felony, misdemeanor, disorderly persons offense, petty disorderly persons offense or criminal violation.

NOTE: You need not list convictions for any violation of Title 39 of the Revised Statutes (N.J.S.A.) or comparable motor vehicle offenses in jurisdictions other than New Jersey. Death by Auto or Vehicular Homicide is considered a criminal offense and must be listed under this item.

List convictions first. **Use additional copies of this page as necessary.**

**Name of entity
charged/convicted:** _____

**Description of
crime/offense charged:** _____

**Date
Charged:** _____

**Jurisdiction
Where Charged:** _____

**Indictment information,
Complaint No., indictment No. etc.,** _____

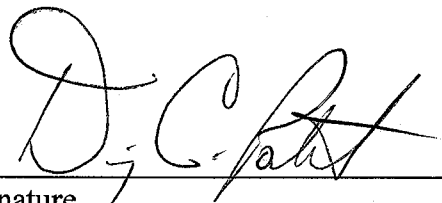
**Disposition (if applicable,
sentence imposed):** _____

CERTIFICATION

(All applicants must sign and date the following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment.

Dated: 6/13/06


Signature

Divya Patel, Partner, Actavis Totowa, LLC

Print Name & Position

